MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number: 10/540,690

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED Indep	AS FILED Depend	AFTER FIRST AMENDMENT Indep	AFTER FIRST AMENDMENT Depend	AFTER SECOND AMENDMENT Indep	AFTER SECOND AMENDMENT Depend
1	/		/			
2		/		/		
3		1		/		
4		/		/		
5		2		/		
6		3		/		
7		/		/		
8		/		/		
9		2		/		
10		2		/		
11		2		/		
12		2		/		
13		2		/		
14		/		/		
15	/		/			
16		/		/		
17		/		/		
18		/		/		
19		3		/		
20		3		/		
21		/		/		
22		/		/		
23		2		/		
24		2		/		
25		2		/		
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36	/		/			
37		2		/		
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39		2		/		
40		2		/		
41		2		/		
42		2		/		
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3		3			
Total Depend	67		39			
Total Claims	70		42			

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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99						
100						
Total Indep						
Total Depend						
Total Claims						

claims amended 5, 6, 9, 10-11, 19-20, 23, 24-25, 33-34, 37-39